

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2019
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

LEGACY HILO REHABILITATION & NURSING CENTEF **563 KAUMANA DRIVE**
HILO, HI 96720

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	Initial Comments A re-licensure survey was conducted by the Office of Health Care Assurance on 08/06/19 to 08/09/19. The facility reported census was 70 residents at the time of entrance.	4 000		
4 145	11-94.1-38(a) Activities (a) The facility must provide for an ongoing program of age-appropriate activities designed to meet the interests, physical, mental, and psychosocial well-being of each resident. This Statute is not met as evidenced by: Based on interview and record review (RR), the facility failed to ensure the restorative care program (individualized program of exercises/range of motion) for one of the seven resident's (R's) sampled (R41) was reviewed and revised timely to include his request to add specific exercises to get stronger. This had the potential to negatively impact R41's quality of life and ability to reach his full potential, and could potentially affect any resident with a restorative care program. Findings Include: R41 is a 66 year who had a stroke that resulted in paralysis of left (L) upper and lower extremities. R41's care plan included a restorative care program set up by physical therapy (PT) to "maintain right upper extremity (RUE) Active Range Of Motion (AROM) and strength." On 08/07/19 at 10:00 AM, during interview with R41, asked if he was participating in PT, and if the staff did range of motion (ROM) exercises with him. R41 said they do ROM. " I used to do sit	4 145	4145 11-94.1-38(a) Activities Legacy Hilo Rehabilitation & Nursing Center is committed to provide age-appropriate activities to meet the psychosocial needs of our residents. Our facility is also dedicated to ensuring the restorative care program (individualized program of exercises / range of motion) is reviewed & revised in a timely manner to include residents requests to add specific exercises to get stronger. Corrective Action for Resident - R41 in Sample: 8/08/19 Nursing to Rehab Communication Form referral submitted 8/09/19 OT screening completed -Noted OT evaluation is recommended to decrease LUE wrist pain, improve LUE techniques for handling & contracture management & RUE strengthening to promote patient functional abilities & comfort	9/4/19

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/04/19

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4 145	<p>Continued From page 1</p> <p>to stand exercises, but they don't do them anymore. I feel unsteady in the bathroom when standing, and afraid I might fall." R41 said he made this request known to staff, but " they haven't done anything." R 41said he did not want PT to do the exercises, but wanted the restorative nurse aides (RNA's) to do them.</p> <p>RR revealed a PT screening form for R41 dated 06/24/19 completed by Physical Therapist(PT)1. The screening form indicated R41 exhibits the following problems: muscle weakness, joint limitations/contractures, bed mobility, transfer to/from bed/wheelchair/chair and pain with movement." Comments written by PT1 included, "Reports desire to get stronger, would prefer return to sit <> stands with RNA vs PT as resident attributes progression of deficits to PT interventions...Possible to return to standing for transfers with RNA, refer to PT if resident would like to complete more specific strengthening or revamp of RNA program."</p> <p>On 08/08/19 at 10:15 AM, during an interview with RNA1, asked if she had worked with R41. RNA1 said she was familiar with him and had worked with him a lot. When asked what R41's current restorative care program was, RNA1 said, " We do active ROM on his right (R) side, and passive on the L side. We use weights and do balloon volley. We also do hand exercises. He use to do sit to stand exercises, but he refused to do them with me sometimes." RNA1 said sit to stand exercises was not currently in R41's plan, and that she was not aware of his request to add the exercises back into the program.</p> <p>On 08/08/19 at 11:58 AM, during an interview with Director of Nursing (DON) asked if she was aware of R41's request to add "sit to stand"</p>	4 145	<p>8/10/19 PT screening completed</p> <ul style="list-style-type: none"> -Noted current RNA program that focuses on range of motion. Patient wants to perform more active program including sit to stand at edge of bed & in parallel bars in the gym. Does not want updated restorative program. Physical Therapy evaluation is recommended - Will D/C restorative. P.T. 5x/week <p>8/12/19 PT evaluation & treatment effective</p> <p>8/15/19 OT evaluation & treatment effective</p> <p>8/20/19 order obtained to discontinue Resident - R41 Restorative Care Program (8/20/19 care plan resolved d/t onset of rehabilitation therapy services) & Resident - R41 continues with PT 5 days / week & OT 4 days / week</p> <p>-Activity Participation Checklist in place for Resident - R41 to track & identify resident participation in age-appropriate activities</p> <p>Identification of Other Residents Having the Potential of Being Affected</p> <p>-9/04/19 The Resident Focus Rounds was revised to incorporate questions concerning residents' participation in exercise programs:</p> <p>15. Do you want to participate in exercise programs to increase your strength, mobility, and / or functioning? If yes, what exercises would you like to do?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If yes, generate a NURSING TO REHAB COMMUNICATION FORM for proper evaluation. Date</p>	

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4 145	<p>Continued From page 2</p> <p>exercises back to his program. DON was not aware of the request. After review of the PT screening form dated 06/24/19, asked DON how the form is utilized and what the process was to revise the restorative care program. DON said the form is given to RN20, who is in charge of the restorative care program, and nursing would need to complete a communication form to PT to request an evaluation which may result in a program revision. DON stated, "I know R41 had been refusing sit to stand exercises in the past." RR revealed R41 had not refused anything for the last 30 days which the DON validated. The DON confirmed that the restorative care program had not been revised to include the exercises R41 requested to make him stronger.</p> <p>On 08/08/19 at 03:40 PM, during an interview with PT1, asked how the PT department communicates pertinent information from screenings to Nursing. PT1 said, "I talk to the Charge Nurse to see how they are doing functionally. I also check with the CNA's and RNA's to see if they have anything to add." Asked if PT1 was familiar with R41, and he said, "I remember he started refusing splints and braces, and had been refusing the standing program as well. Not sure if you know, but he is not a big fan of me. He gets upset with me. An offer was made to come back to PT, but he said he did not have faith in me, and wanted the RNA's to do the sit and stand rather than anything with PT. After I talk with nursing, I give the screening form to the Rehabilitation Director(RD). PT1 said he spoke to nursing about R41's screening, but did not recall who he spoke to.</p> <p>On 08/08/19 at 03:50 PM, during an interview with the RD, she said, "the PT screening dated 06/24/19 was a quarterly screen to develop</p>	4 145	<p>submitted: _____</p> <p>_____</p> <p>_____</p> <p>-9/04/19 Furthermore, managers of the interdisciplinary team are to monitor and manage compliance by performing random assessment of compliance during completion of biweekly Resident Focus Rounds. Completed forms are to be kept in a binder in the NHA's office or designee</p> <p>-9/04/19 The Visitor Satisfaction Questionnaire was revised to incorporate questions concerning residents' participation in exercise programs. Visiting guests are to be offered the referenced questionnaire upon signing in / out when visiting; forms are provided at the front desk and completed forms are to be kept in a binder in the NHA's office or designee</p> <p>Corrective Action / Systemic Changes: To ensure quality assurance and effectiveness of the restorative care program, & to prevent failure to promote an individualized program of exercises / range of motion for residents, ongoing monitoring & random evaluation with application of the revised Resident Focus Rounds & Visitor Satisfaction Questionnaire. Resident Focus Rounds will be conducted biweekly for 4 weeks, weekly for 2 months, & monthly for 3 months.</p> <p>Monitoring of Corrective Action to Ensure No Reoccurrence:</p>	

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4 145	Continued From page 3 functional goals." RD stated nursing would have to generate a "rehab communication form" to reevaluate the restorative care program, and that they had not received one after the screening." RD said she and PT1 had a conversation about R41, and had a plan to bring in another PT to do the evaluation if nursing made the referral. On 08/08/19 at 04:33 PM, DON said nursing had sent a communicatio form to PT to evaluate R41 for additional exercises to be added to his restorative care program as he had requested. Referral was confirmed by RR.	4 145	Ongoing monitoring and random evaluation with application of the above-described revised Resident Focus Rounds & Visitor Satisfaction Questionnaire will be conducted biweekly starting September 9, 2019 for four weeks. These focus rounds will be reviewed upon receipt and actions will be taken as deemed necessary. Audit results will be reviewed, presented, and discussed at the monthly QAPI meeting to ensure compliance for the next 6 months to ensure compliance with the plan of correction (PoC). If further corrective action is needed, the auditing will continue until the QAPI committee determines compliance. Results of the monthly QAPI meeting will be brought to the attention of the quarterly QA Committee meetings and addressed as appropriate.	